

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	IS NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	3/30/01
FORMALITY REVIEW	H-5	866	04.12.01
RESPONSE FORMALITY REVIEW	MX	907	7-2-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	N
3	
4	
5	N
6	✓
7	✓
8	
9	
10	✓
11	N
12	
13	
14	N
15	✓
16	✓
17	✓
18	N
19	✓
20	N
21	
22	
23	
24	
25	
26	
27	N
28	✓
29	✓
30	✓
31	N
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36	
37	✓
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42	N
43	✓
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50	✓

Claim	Date
Final Original	
51	✓
52	N
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58	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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